

## CLUSTER AREA: GENERAL SUPERVISION

### Component GS.5:

Do appropriately trained public and private providers, administrators, teachers, paraprofessionals and related service personnel provide services to infants, toddlers, children, and youth with disabilities?

#### Data Sources:

- SPOE Data Collection System
- Statewide Service Matrix
- UTS Training Evaluations
- UTS Training Curriculum
- CRO Claims Processing Database
- Personnel Guide
- Provider Agreement
- Provider Enrollment/Credentialing Forms
- UTS Semi-annual Reports
- UTS Grant Proposal
- Practice Manual
- Issue Clarification #39, Annual Provider Meetings

**Performance Level:** Meets Expectation

#### Conclusions:

- The SPOE database shows 3,329 active enrolled providers system wide. While the total number of providers is adequate, some provider shortages exist in specific disciplines, particularly in rural areas. Where such shortages exist, local councils are responsible for provider recruitment to fill the gaps in service delivery system. Anecdotal evidence suggests IFSP teams have generally found ways to address the outcomes on the IFSP by utilizing other team members or service delivery options to serve the family. Families who must travel out of county for services are reimbursed for transportation.
- Indiana's First Steps Personnel Guide defines the requirements for personnel to enroll as a service provider in a specified discipline, including degree requirements, state licensure or certification(where appropriate), proof of liability insurance, and an updated criminal history check. All providers are expected to obtain an Early Intervention Credential within two years of enrollment.
- Providers can earn credentialing points through experience, in-service training, and academic coursework, as well as through other proposed tasks, such as research projects, teaching activities, and conference presentations. All specialist and associate level providers enrolled in the Central Reimbursement Office (CRO) must credential in their discipline within two years of enrollment. Once a provider has earned a credential, it must be updated annually through continual professional

development. Providers must supply proof of skill development and training in the foundations of:

- \* Foundations of Early Intervention
  - \* Infant and Toddler Typical and Atypical Development
  - \* Infant/Toddler and Family Assessments
  - \* Early Intervention Service Delivery Strategies
  - \* Family Partnership and Support Strategies
  - \* Team Relationship Skills
- Training opportunities that focus on early intervention topics are made available throughout the state.
  - Each provider is required to sign a provider agreement that outlines the obligations of the provider. In addition, an agency agreement is also required.
  - During the public forums in response to the question, “How is the State involved in assuring that appropriate services are provided to infants and toddlers with disabilities?” there were 6 responses that reflected identified credentialing as a valuable benefit to the system.

### **Strategies:**

- Although elements such as credentialing and continued education are requirements of the system, there is not tracking system for these elements. Therefore development of such systems would aide greatly in the enforcement of the guidelines. The lead agency shall explore the development of an automated system that could track requirements such as credential, criminal history checks, licensure and other requirements.
- The lead agency will review the personnel guide making modifications as necessary. Currently there is consideration being given to add a discipline that would include Licensed Behavior Therapists.
- The lead agency is currently in the development phase of identifying guidelines for use of “consultation” as a service. This issue was specifically raised as the demand for Speech Therapy has risen. The guidelines will include appropriate procedures for evaluation, identification, and use of consultation. These guidelines are being developed in collaboration with providers and other experts.

# INDICATOR ANALYSIS

## Performance Indicator GS-5 a:

Are there sufficient numbers of qualified teachers and related services providers to meet the identified needs of all children with disabilities?

### Data Sources:

- Statewide Provider Matrix
- SPOE Data system
- LPCC Request for Funds
- Personnel Guide
- Provider Agreement
- Provider Enrollment/Credentialing Forms
- ICC Annual Report
- CRO Claims Processing Database

### Conclusions:

- The SPOE database shows 3,329 active enrolled providers system wide. While the total number of providers is adequate, some provider shortages exist in specific disciplines, particularly in rural areas. Where such shortages exist, local councils are responsible for provider recruitment to fill the gaps in service delivery system. Anecdotal evidence suggests IFSP teams have generally found ways to address the outcomes on the IFSP by utilizing other team members or service delivery options to serve the family. Families who must travel out of county for services are reimbursed for transportation.
- Indiana's First Steps Personnel Guide defines the requirements for personnel to enroll as a service provider in a specified discipline, including degree requirements, state licensure or certification (where appropriate), proof of liability insurance, and an updated criminal history check. All providers are expected to obtain an Early Intervention Credential within two years of enrollment.
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  - \* Foundations of Early Intervention
  - \* Infant and Toddler Typical and Atypical Development
  - \* Infant/Toddler and Family Assessments
  - \* Early Intervention Service Delivery Strategies
  - \* Family Partnership and Support Strategies
  - \* Team Relationship Skills

**Strategies:**

- The lead agency is currently in the development phase of identifying guidelines for the use of “consultation” as a service. This issue was specifically raised as the demand for Speech Therapy has risen. The guidelines will include appropriate procedures for evaluation, identification, and use of consultation. These guidelines are being developed in collaboration with providers and other experts.
- Development of a tracking system to identify that all personnel requirements have been met and date in which additional information are required.
- Continued analysis of services delivered and personnel needs. Work with local communities to identify recruitment activities as needs arise.

**Performance Indicator:**

Preservice and inservice training address identified CSPD needs.

**Data Sources:**

- UTS Semi-annual Reports
- UTS Grant Proposal
- UTS Training Curriculum
- Issue Clarification #39, Annual Provider Meetings

**Conclusions:**

- Indiana has established a collaborative training system that is funded by Part C and Part B, 619. The Unified Training System provides a central training calendar and registration process. All training is developed, implemented and evaluated by families, providers and contractors. Approximately \$500,000 is spent on an annual basis for professional development activity with additional funding allocated for specific family training and specialized training that occurs at the county level. Core training for service providers is reviewed on an annual basis and revised as necessary. Training needs assessment occurs through training evaluation documentation as well as issues that are identified by the peer monitoring process and complaint investigations.
- All UTS sponsored events are evaluated using a standardized tool. The following questions are presented to participants for their feedback and the results are analyzed and presented in the UTS six-month report.
  - \* Did you already have a good knowledge base about this topic?
  - \* Did you gain new information?
  - \* Did you learn something that was useful?
  - \* Did the information meet your expectations?
  - \* Do you need more practice before you can use what you learned at this event?
  - \* Are you motivated to improve your practice about what you learned at this event?
  - \* Did you learn any new skills?
  - \* Did you learn enough skills to PLAN to implement what you learned?
  - \* Did you learn enough skills to actually IMPLEMENT what you learned?
  - \* Do you think you are a better training person as a result of this training?
  - \* Will children have more skills as a result of your implementation of what you learned?
  - \* Will something in the child's natural environment or your classroom, school, home, community, or work place change as you implement what you learned?
  - \* Could some changes in the early intervention, education, social system, or community occur because of what you learned at this training?
  - \* Is the way this training was delivered an effective way for you to learn this subject matter?

- Analysis of these questions is available for each UTS workshop. Additional written comments offered by participants are collected and collated for each individual workshop. Finally, trainers offer a summary of each workshop including their perceptions of the training session and any concerns and suggestions for future workshops. This report is also available in the UTS semi-annual report.
- While there was discussion of the adequacy of the core training during the workgroup process, the data gathered through training evaluation reports does not substantiate the concerns.
- During the peer review monitoring visits, teams were requested to ask county representatives “Are there technical assistance needs that the lead agency should be made aware of?” 23 monitored entities responded that the First Steps core training, which includes Service Coordinator Training and Orientation to First Steps, did not meet the needs of the provider.
- A Curriculum Review Team for the service coordination training was assembled and included both Intake and Ongoing SC’s from rural and urban communities, from agency and independent-based employment, and various ethnic backgrounds. The Team suggested additional homework assignments and a competency test to be completed at the end of Levels 1 and 2. Participants must complete all required “homework” satisfactorily and obtain at least 80% correct answers on the competency test. Additionally, a cadre of practicing service coordinators has been trained to provide both Service Coordination Level 1 and 2 training. Participants use the First Steps Practice Manual throughout the training including practice on all state required and suggested forms.
- A series of modules are under development to enhance specific skill areas for Service Coordinators. UTS personnel continue to share and discuss possible curricula enhancements with Indiana constituents as well as those from other states.
- Attendance at quarterly service coordinator meetings is required, and those meetings used for communication of changes or adjustments to policy and procedures. Required meetings for other provider types will be used in the future in addition to service coordinator regional meetings.

### **Strategies:**

- An on-line survey will be developed to gather input and suggestions on the strength of First Steps training’s. Based on the responses to the question, modification to the training will be made.
- With the assistance of a stakeholder group, a provider orientation packet will be developed which will include key requirements to the system.
- Finalize training modules for service coordinators and implement training as conducted by peer.